

Harvey County Special Education Cooperative
308 East 1st Street
Newton, KS 67114-3846
316-284-6580

CONSENT TO INVITE REPRESENTATIVE OF NONEDUCATIONAL AGENCY
TO IEP MEETING

I, the parent or adult student identified below, have been informed that

_____ :
(Participating Agency)

_____ may be providing or paying for certain transition services for my child;

~ OR ~

_____ may be providing or paying for certain transition services for me, an adult student, and

I have been further informed that:

It is appropriate for a representative of the above agency to attend an IEP meeting at which transition services will be discussed; and

Information in my child's (or in my) education records, including the IEP, that is relevant to the development of postsecondary goals, transition assessments and transition services may need to be disclosed to the representative of the above agency at the IEP meeting; and this disclosure can be made only with my consent which I understand must be voluntarily given and may be revoked at any time;

CONSENT

Having been informed as stated above, I give my consent for the school district to:

(a) invite a representative of the above agency to attend the IEP meeting scheduled for _____ and (b) to disclose at the meeting to the agency representative any information contained in my child's (or my) education records that is relevant to the development of postsecondary goals, transition assessments and/or transition services.

Parent/Adult Student

Date